



SOUTHWESTERN OREGON COMMUNITY COLLEGE

Counseling and Testing

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Official GED Transcript Request Order Form

Transcripts cost \$7.00 each.

Please Print

Student's Full Name:	Student SSN:	Date of Birth:
Address:	Phone Number:	Other Names Used:
City, State, Zip:		Year Attended Southwestern:

Full Name under which you tested: _____

Please provide complete addresses, including number of transcripts requested for each address.

Send my transcript to:

 Number of transcripts: _____

Send my transcript to:

 Number of transcripts: _____

Send my transcript to:

 Number of transcripts: _____

Send my transcript to:

 Number of transcripts: _____

Please process my requested transcripts, and send them to the above addresses. I am aware that in some cases I may be referred to contact the State GED office in Salem to receive my transcripts.

Student's Signature

Today's Date

I authorize Southwestern Oregon Community College to charge my credit card \$7.00 for each transcript. Visa, Master Card and Discover Card accepted.

Name on Card _____ Card No. _____ Exp. Date _____

Security Code _____ Signature _____ Date _____

Your transcript request will be processed within 2-5 business days during peak times. If paying by check, please make check payable to SWOCC.